

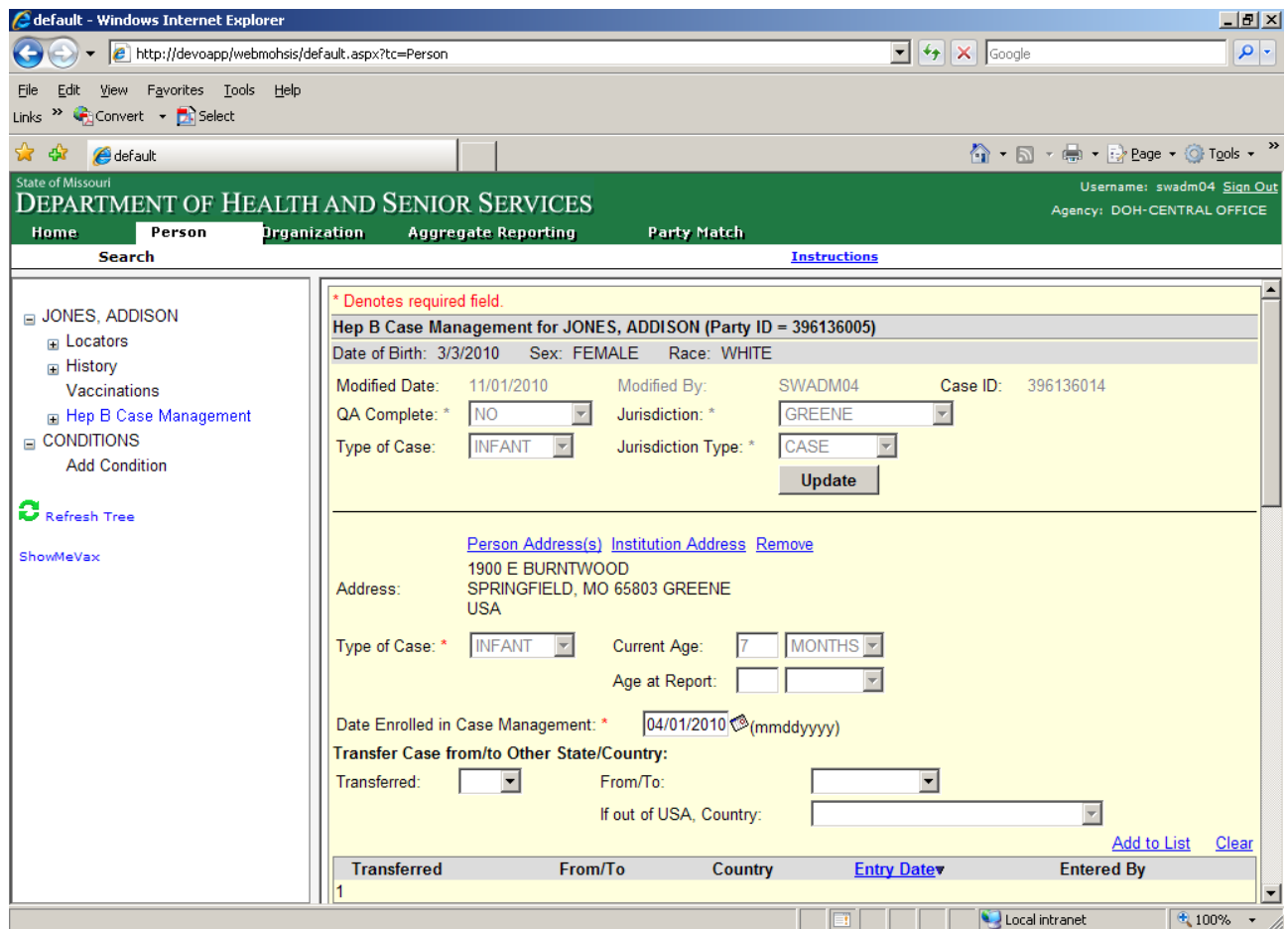
Update Infant/Contact Case (Not Associated to a Pregnancy Condition) Infant Adopted/Parental Rights Terminated

The following pre conditions must be met:

1. Successful log into MOHSAIC WEBSURV application.
2. Search and select person.
3. Click on Hep B Case Management in the tree.

NOTE: If the infant has been associated to a HEPATITIS B (PREGNANCY) PRENATAL condition, you must complete the Adopted/Parental Right Terminated from the Infants/Contacts Screen to remove the addresses, history alternate contacts.

Click the Adopted/Parental Right Terminated removes the association of the mother. This should only be done on INFANTS that are NOT associated to a Hepatitis B (Pregnancy) Prenatal condition.



default - Windows Internet Explorer

http://devoapp/webmohsis/default.aspx?tc=Person

File Edit View Favorites Tools Help

Links >> Convert Select

default

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

Home **Person** Organization Aggregate Reporting Party Match

Search [Instructions](#)

Username: swadm04 [Sign Out](#)
Agency: DOH-CENTRAL OFFICE

JONES, ADDISON

- Locators
- History
- Vaccinations
- Hep B Case Management**
- CONDITIONS
- Add Condition

[Refresh Tree](#)

[ShowMeVax](#)

*** Denotes required field.**

Hep B Case Management for JONES, ADDISON (Party ID = 396136005)

Date of Birth: 3/3/2010 Sex: FEMALE Race: WHITE

Modified Date: 11/01/2010 Modified By: SWADM04 Case ID: 396136014

QA Complete: * Jurisdiction: *

Type of Case: Jurisdiction Type: *

[Person Address\(s\)](#) [Institution Address](#) [Remove](#)

Address: 1900 E BURNTWOOD
SPRINGFIELD, MO 65803 GREENE
USA

Type of Case: * Current Age:

Age at Report:

Date Enrolled in Case Management: * (mmddyyyy)

Transfer Case from/to Other State/Country:

Transferred: From/To:

If out of USA, Country:

[Add to List](#) [Clear](#)

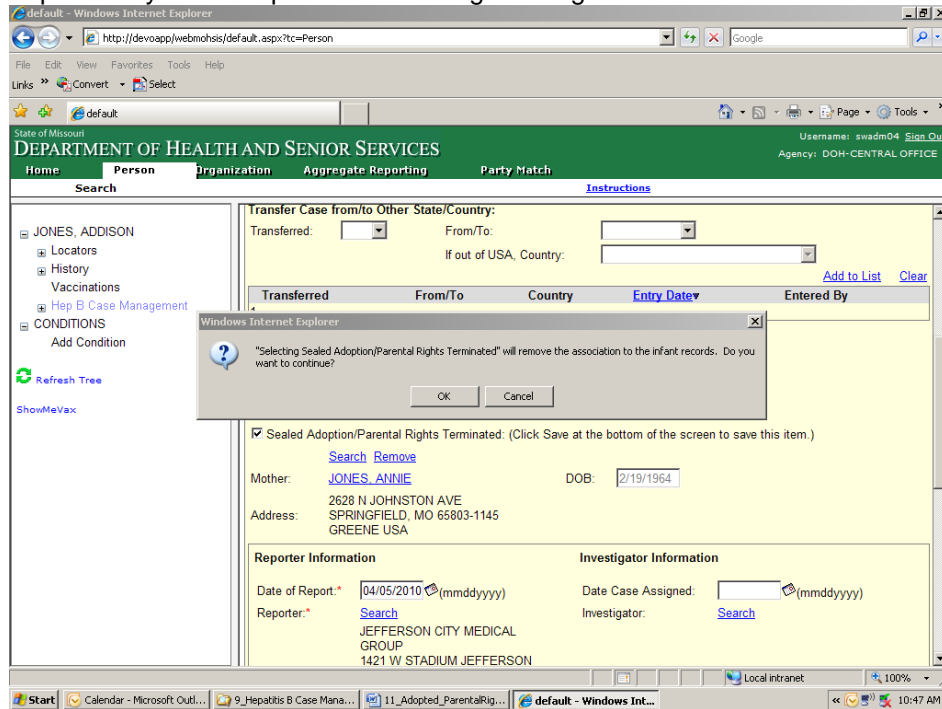
Transferred	From/To	Country	Entry Date	Entered By
1				

Local intranet 100%

Procedure 1: Scroll down and Select the box next to Sealed Adoption/Parental Rights Terminated

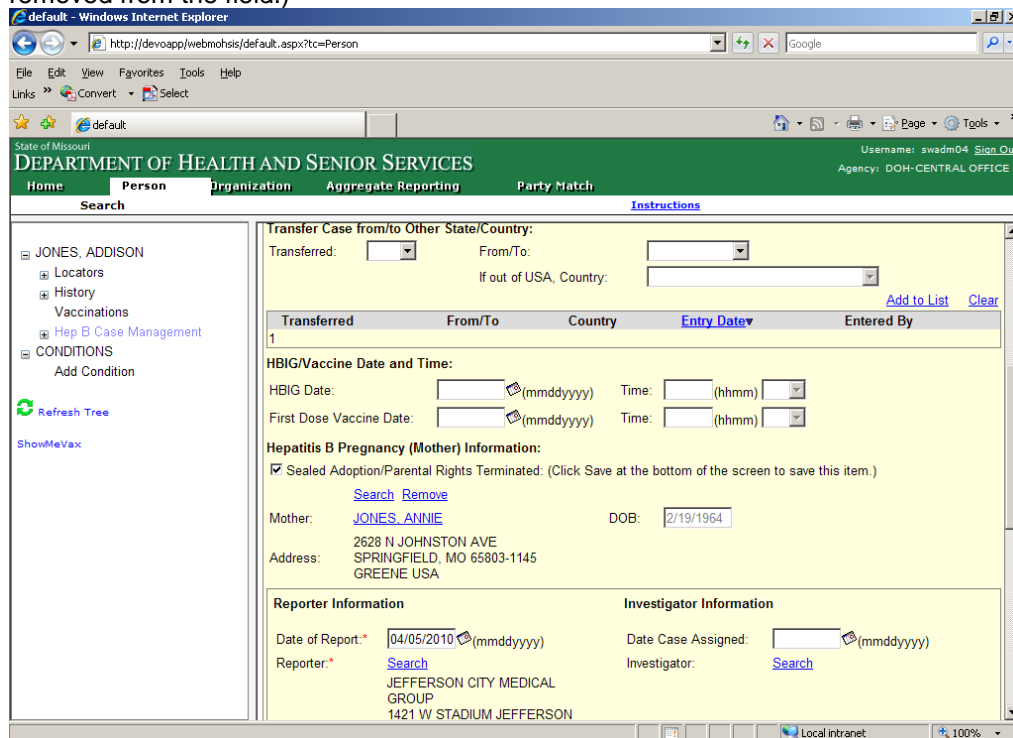
WEBSURV TEST

Expected System Response: A warning message is returned.



Procedure 2: Click OK.

Expected System Response: The screen is returned. (Note if you click Cancel above, the check would be removed from the field.)



Procedure 3: Scroll down and click Save.

Expected System Response: The "Confirmation" screen is returned.

Confirmation -- Webpage Dialog

* Denotes required field.

CONFIRMATION

Name: JONES, ADDISON
 Date of Birth: 3/3/2010
 Age at Report: 1 MONTHS
 Party ID: 396136005
 Case ID: 396136014
 Type of Case: INFANT
 Jurisdiction: GREENE
 Jurisdiction Type: CASE
 Date Enrolled: 04/01/2010
 Date of Report: 04/05/2010
 Case Entry Date: 11/01/2010
 Case Last Modified Date:

Save **Return**

Procedure 4: Click Save.

Expected System Response: The Data Saved screen is returned.

default - Windows Internet Explorer

http://devoapp/webmohsis/default.aspx?tc=Person

File Edit View Favorites Tools Help

Links » Convert » Select

default

State of Missouri

DEPARTMENT OF HEALTH AND SENIOR SERVICES

Home **Person** Organization Aggregate Reporting Party Match Instructions

Search

JONES, ADDISON

- Locators
- History
- Vaccinations
- Hep B Case Management

CONDITIONS

- Add Condition

Refresh Tree

ShowMeVax

Done

Local intranet

100%

Procedure 5: Click on Hep B Case Management in the tree.

WEBSURV TEST

Expected System Response: The Hep B Case Management screen is returned. Note that the Sealed Adoption is checked and that the Mother information is no longer shown.

default - Windows Internet Explorer

http://devoapp/webmohsis/default.aspx?tc=Person

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

Username: swadm04 Sign Out
Agency: DOH-CENTRAL OFFICE

Home **Person** Organization Aggregate Reporting Party Match

Search Instructions

JONES, ADDISON

- Locators
- History
- Vaccinations
- Hep B Case Management**
- CONDITIONS
- Add Condition

Refresh Tree

ShowMeVax

If out of USA, Country:

[Add to List](#) [Clear](#)

Transferred	From/To	Country	Entry Date	Entered By
1				

HBIG/Vaccine Date and Time:

HBIG Date: (mmddyyyy) Time: (hhmm)

First Dose Vaccine Date: (mmddyyyy) Time: (hhmm)

Hepatitis B Pregnancy (Mother) Information:

☒ Sealed Adoption/Parental Rights Terminated: (Click Save at the bottom of the screen to save this item.)

Reporter Information

Date of Report: (mmddyyyy)

Reporter: [Search](#)

JEFFERSON CITY MEDICAL GROUP
1421 W STADIUM JEFFERSON
CITY, MO 65109 COLE USA

Investigator Information

Date Case Assigned: (mmddyyyy)

Investigator: [Search](#)

Case Report Completed By:

Last Name: First Name:

Medical Providers

Test Complete